

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN**

In re: ROMONE O. & DANA C. HARDY

Case No: 07-45287 wsd

Chapter 13

APPLICATION FOR PAYMENT FROM UNCLAIMED FUNDS

The undersigned, Nancy C. McMillan, on behalf of Springleaf Financial Services fka American General Financial Services, applies to the Bankruptcy Court for the Eastern District of Michigan for entry of an order directing the Clerk of the Court to remit to the applicant the sum of \$1,073.88, said funds having been deposited into the Treasury of the United States pursuant to order of this Court as unclaimed funds for creditor, Springleaf Financial Services fka American General Financial Services.

Applicant further states that:

1. Applicant is the duly authorized representative for the entity named as the creditor. Applicant has reviewed records of the creditor and states that he has no knowledge of any other application for this claim being submitted by or at the request of this creditor. An Affidavit of Creditor is attached and made a part of this application.

If Applicant is either a family member of a deceased creditor or a successor in interest to the individual, entity or business named as the creditor an original power of attorney conforming to the official Bankruptcy Form and/or other supporting documents, including probate documents which indicate applicant's entitlement to this claim are attached and made a part of this application.

2. Applicant has made sufficient inquiry and has no knowledge that this claim has been previously paid, that any other application for this claim is currently pending before this Court, or that any party other than the applicant is entitled to submit an application for this claim.

Respectfully submitted August 9, 2012.

Springleaf Financial Services fka American General
Financial Services, Creditor

By: /s/Nancy C. McMillan
American Property Locators, Inc.
3855 S. Boulevard, Suite 200
Edmond, OK 73013
(405) 340-4900

LIMITED POWER OF ATTORNEY

Springleaf Financial Services f.k.a. American General Financial Services., ("Principal") executes this Limited Power of Attorney with the intention that the attorney-in-fact named below shall be able to act in his\her place for the purposes and duration set forth below.

Principal appoints Nancy McMillan of American Property Locators, Inc., 3855 South Boulevard, Suite 200, Edmond, OK 73013 to be his\her attorney-in-fact to act for him\her in his\her name and place, and in any capacity that Principal might act,

**ONLY to recover cash or cash equivalents specifically arising from the
bankruptcy of Ramone O. & Dana C. Hardy, that belong to the Principal,**

and may be paid to the Principal after compliance with procedures of applicable laws (the "Unclaimed Funds").

This Limited Power of Attorney shall become effective on the date written below, and shall remain effective, for one year from such date or until the Unclaimed Funds are claimed and remitted to Principal, whichever is sooner.

Principal's attorney-in-fact shall have all of the powers, discretions, elections, and authorities granted by law (including the endorsement of any instrument of payment on behalf of Principal) in connection with the claim, execution, acknowledgment, and delivery of any and all documents necessary or connected with claiming and recovering for Principal the Unclaimed Funds. Principal authorizes the use of a photocopy of this Limited Power of Attorney, for any purpose, in lieu of the original.

DATED this 23 day of July, 2012.

PRINCIPAL:

Springleaf Financial Services f.k.a.
American General Financial Services
Federal ID # _____

PRINCIPAL'S ADDRESS:

P.O. Box 3251
Evansville, IN 47731

By: Dawn Goad
Title: Manager

ACKNOWLEDGMENT

STATE OF Indiana
COUNTY OF Gibson

Before me a Notary Public, in and for said County and State on this 23 day of July 2012, 2012 personally appeared Dawn Goad, to me known to be the identical person who subscribed his/her name to the foregoing instrument as its Manager Outsourced Collections (title), and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed of such corporation, for the purposes therein set forth.

In Witness Whereof, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires:

5-2-2015

Trisha J. Arendell
Notary Public



TRISHA J. ARENDELL
Resident of Gibson County, IN
Commission Expires: May 2, 2015

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN**

In re: RAMONE O. & DANA C. HARDY

Case No: 08-47339

Chapter 13

AFFIDAVIT OF CREDITOR

Springleaf Financial Services f.k.a. American General Financial Services the undersigned creditor in the above referenced case declares as follows:

1. Nancy C. McMillan, of American Property Locators, Inc., 3855 South Boulevard, Suite 200, Edmond, OK 73013, has been granted a power of attorney by me to submit an Application For Payment From Unclaimed Funds seeking payment of claim number 2 in the amount of \$1,073.88 due and owing to me as a creditor in the above referenced bankruptcy case.

2. My name, position with the company, address and telephone number are as follows:

Dawn Goad, Manager Outsourced Collections
Springleaf Financial Services
PO Box 3251
Evansville, IN 47731
(800) 599-2349

3. Creditor History: Substantiate creditor's right to the claim, including but not limited to documents relating to sale of company, i.e., purchase agreements and/or stipulation by prior and new owner as to right of ownership. Attach certified copies of all necessary documentation.

4. I (or the company which I represent) have neither previously received remittance for this claim nor have contracted with any other party other than the person named in item one above to recover these funds.

I declare under penalty of perjury that the foregoing copy is true and correct.

Date: 7-23-12

Springleaf Financial Services f.k.a. American
General Financial Services

By: Dawn Goad
Creditor

STATE OF Indiana)
COUNTY OF Gibson) ss.

Sworn to and subscribed before me this
23 day of July, 2012.

Trisha J. Arendell
Notary Public

My Commission Expires:



TRISHA J. ARENDELL
Resident of Gibson County, IN
Commission Expires: May 2, 2015

**AMERICAN
GENERAL
FINANCIAL
SERVICES**

Dawn Goad
Manager Outsourced Collections

American General Finance
600 N. Royal Ave.
P.O. Box 3251
Evansville, IN 47731-3251
812.475.4106
812.475.4089 Fax
hgoad@agfinance.com

A Member of American International Group, Inc.



324982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000033
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2011 FEB 17 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN
AMERICAN GENERAL FINANCE, INC.

EFFECTIVE DATE
3-7-11

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED
11 FEB 17 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/18/11

<https://efile.sunbiz.org/scripts/efilcovr.exe>

2/17/2011

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American General Finance, Inc.

DOCUMENT NUMBER: 334982

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/ Company

Address

City/ State and Zip Code

Linda.Jones@elfs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$72.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FD-000 - (Rev. 12/00) 6 T System Online

EFFECTIVE DATE
3-7-11

FILED
2011 FEB 17 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

American General Finance, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

134982

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Springleaf Financial Services of Florida, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter changes(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, recertification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Page 2 of 3

The date of each amendment(s) adoption: 1/26/2011

Effective date if applicable: 03/07/2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/15/11

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jack R. Ertile

(Signed or printed name of person signing)

Senior Vice President

(Title of person signing)

CERTIFICATE OF MAILING

I hereby certify that on August 9, 2012, I have mailed a true and correct copy of the foregoing APPLICATION FOR ORDER DIRECTING PAYMENT OF FUNDS TO CREDITOR/CLAIMANT PURSUANT TO 11 U.S.C. SECTION 347 AND 28 U.S.C. SECTIONS 2041 ET. SEQ. to:

U.S. Attorney
Attn: Mr. Michael Wicks
Civil Div.-Fin. Litigation
211 W. Fort, Ste 2300
Detroit, MI 48226-3211

/s/Nancy C. McMillan

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN**

In re: ROMONE O. & DANA C. HARDY

Case No: 07-45287 wsd

Chapter 13

ORDER FOR PAYMENT OF UNCLAIMED FUNDS

Upon application and in accordance with the provisions of 28 U.S.C. Section 2042, that following a review of the sufficiency of the Affidavit of Creditor information that the claimant is properly entitled to said funds, and that the U.S. Attorney for the Eastern District of Michigan was provided a copy of this application with a proof of service attached to the application,

IT IS ORDERED that the Clerk of the U.S. Bankruptcy Court remit to the sum of One Thousand Seventy-Three and 88/100 Dollars (\$1,073.88) of unclaimed funds held in the U.S.

Treasury to:

Springleaf Financial Services
c/o Nancy C. McMillan
American Property Locators, Inc.
3855 S. Boulevard, Ste. 200
Edmond, Oklahoma, 73013

United States Bankruptcy Judge

Dated: _____